

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

**A.** Full Name (Last, First, Middle Initial)  
DOYLE FOR CONGRESS COMMITTEE

Mailing Address 205 HAWTHORNE COURT

City PITTSBURGH State PA Zip Code 15221

Purpose of Disbursement  
Contribution

Candidate Name  
MIKE DOYLE

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 14

Transaction ID: SB23.6439

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement  
Contribution

Candidate Name  
BENNIE G THOMPSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: SB23.6427

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
Contribution

Candidate Name  
LOIS G CAPPS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.6436

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....